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## APPLICANTS

Jason T. Lenz, Maplewood, MN;

## \*\* CONTINUING DATA \*\*\*\*\*

*-none- SW*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*-none- SW*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Sarah Webb</u> <u>SW</u> Examiner's Signature Initials				

## ADDRESS

490

## TITLE

Segmented spine

FILING FEE RECEIVED 902	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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